

P07000125315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

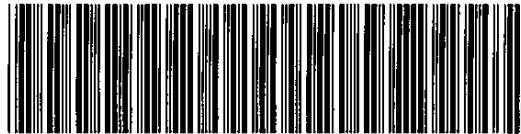
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Art. D. Carr

G. Goldfette DEC 26 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Power1 Card, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000125315

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Cullen
(Name of Contact Person)

Power 1 Card, Inc.
(Firm/Company)

5645 Coral Ridge Dr. # 191
(Address)

Coral Springs, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

William Cullen at (561) 715-8004
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Powericaard, INC.

Name of Corporation as currently filed with the Florida Dept. of State

P07000125315

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation
(Document Type Being Corrected)

filed with the Department of State on 11/20/2007
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Principal Address + Mailing Address

4383 NW 124th Ave

Coral Springs, FL 33065

Title D, P, S, T

Cullen, William 4383 NW 124th Ave Coral Spring, FL

Correct the inaccuracy, incorrect statement, or defect:

Principal Address + Mailing Address

5645 Coral Ridge Dr. # 191

Coral Springs, FL 33076

Title P, S, T

Cullen, William 5645 Coral Ridge Dr. # 191 Coral Springs, FL 33076

Title D Cullen, Dorothy 9050 NW 24th Ct. Sunrise, FL 33322

X W J C -

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

William Cullen

(Typed or printed name of person signing)

D, P, S, T

(Title of person signing)

Filing Fee: \$35.00

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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